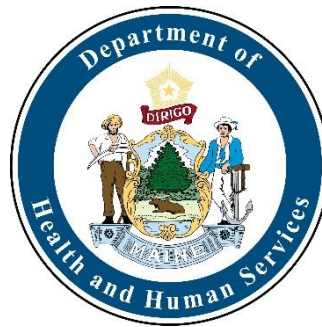


Maine DHHS: FQHC Rate Development

February 1, 2023



Agenda

1. Introduction
2. Updated Timeline
3. SPA Considerations
4. Guidehouse Illustration of Data Reconciliation
5. Reminder: Change in Scope
6. Q & A

Timeline: Updated

February

- **Feb 1:** Meeting to provide update on APM rate setting
★ *We are here*
- **TBD*** (Late Feb): Ch. 639 meeting to present FQHC rates
- **TBD*:** (By 2/28/23, for 3/1/23 eff. date) State Plan Amendment (SPA) public notice published

March/April

- **TBD*:** Chapter 639 public comment deadline
- **TBD*:** FQHC APM Rate effective date
- **TBD:** Submit SPA to CMS

* Dates contingent upon resolution of supplemental cost reports data issues.

After rates are finalized, additional steps will occur including rule making and configuring FQHC APM rates in the MaineCare billing system

SPA Considerations

Consistency: To be approved, State Plan Amendment (SPA) must resolve past ambiguity regarding which services and costs should be included and billed under the T1015 and which should be billed separately from T1015

- Suite of services in/out must be consistent for all FQHCs in the state
- Centers can choose which services to offer and can submit CiS for changes

Data Completeness: Guidehouse needs complete data (necessary costs and all related visits in order to calculate each FQHC's rebased T1015 rate) to ensure appropriate costs and visit counts are used in the construction of the new rates.

Timing: State must complete SPA notices by 2/28/23 for 3/1/23 eff. date. State cannot pay new rates retroactively if notices do not occur. Rule can be retroactive, but federal approval cannot.

Data Reconciliation Process

Data Reconciliation

Illustration of Process

Spreadsheet Presentation

Data Reconciliation: High Level Overview

- Data Points at Overall, Service, and Tab Level
 - Visits
 - Charges
- Calculations
 - CCR – Use costs from 224 divided by total charges from SCR
 - Cost per Visit – $(\text{Charges} \times \text{CCR}) / \text{Visits}$
 - Overall
 - T1015 Only
 - All Medicaid
 - All Medicaid w/ Carved Out to FFS Service
- Observations
 - Gross Revenue greater than charges
 - T1015 Charges
 - Visits not matching T1015 / G Codes

Supplemental Cost Report: Data

Supplemental Cost Report Submissions (as of 1/31/23)	
Status	Count
Received - In Quality Control (QC)	14
No Further Questions at this Time	5

Guidehouse: Process Moving Forward

- Please keep a look out for communications from Guidehouse.
- At this point all FQHCs should have received follow up questions and reminders via email.
- If your cost report is considered complete (at this time) you should have received an email from Guidehouse confirming completion.
- For more extensive questions, we are in the process of setting up phone calls.

Change in Scope

Change in Scope: Reminder

Please provide any questions or comments to Cathy Coolidge at Catherine.Coolidge@maine.gov on the Change in Scope proposal by **Wednesday, February 15th**

Q & A

Appendix

Workgroup

Maine DHHS

- Jennifer Patterson
- Peter Kraut
- Bryan Lumbra
- Amanda Lee
- Kristin Merrill
- Grace Williams
- Shannon Beggs
- Catherine Coolidge

FQHC

- Maine Primary Care Association

Guidehouse

- David Garbarino
- Holly McDonnell
- Josh Mihm
- Sean Clare

FQHCs are often the backbone of community-based care providing primary, behavioral health and other types of critical care to local populations.

Intent of Process

To obtain necessary costs and all related visits in order to calculate each FQHC's rebased T1015 rate where the new T1015 rate will be based on total costs and total visits.

To obtain data at a level of granularity that is necessary to submit a State Plan Amendment (SPA) that addresses past ambiguity regarding which services and costs should be included and billed under the T1015 and which should be billed separately from the T1015, so that there is clarity and consistency moving forward, and so that appropriate costs and visit counts are used in the construction of the new rates.

To update change in scope process and align regulatory language with Legislative Directive 1787.